

FINANCIAL SUMMARY SHEET
Resource Family Assessment

Name: _____

Date: _____

Annual Family Income from last year: Amount

Husband \$ _____

Wife \$ _____

Permanent Fund Dividend \$ _____

Other Income (describe sources): \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Annual Income: \$ _____ ÷ 12 mo's = \$ _____

Other:

Current Monthly Foster Care Reimbursements \$ _____

Current Monthly Adoption Subsidies \$ _____

Family Monthly Expenses:

Mortgage Payment or Rent \$ _____

Utilities \$ _____

Food \$ _____

Insurance premiums:

Home \$ _____

Auto \$ _____

Life \$ _____

Car Payments, plus upkeep, gas \$ _____

Credit Cards Payments \$ _____

Other Loans \$ _____

Bank Loans \$ _____

Medical Expenses \$ _____

Day Care \$ _____

Clothing/ household \$ _____

Savings \$ _____

Child Support \$ _____

Other Monthly Expenses:

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Monthly Expenses \$ _____

Outstanding Debt:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Family Assets (approximately) \$ _____

Financial Discussion

Foster Care:

1. Will you be working outside the home or remaining at home once the foster or adopted child arrives? ☐ Yes ☐ No
2. How will you handle childcare for the child(ren)?

Adoption:

3. Please indicate any medical, visual, dental insurance coverage you have (i.e., Indian Health Services, VA, TRICARE, Medicare, Worker's Compensation, private, employer-provided insurance, etc.)

	Hospital	Physician	RX Drugs	Dental	Vision	Other
Household Member						

4. If this is an adoptive placement, have you stipulated a guardian for the child(ren) in the event of your death? ☐ N/A ☐ Yes ☐ No
If yes, who?

If yes, have they agreed?

☐ Yes ☐ No

I attest that the above information is an accurate summary of my/our financial circumstances.

Signature: _____
Applicant

Date: _____

Signature: _____
Applicant

Date: _____

Note: If 2-parents, both must sign.